Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee In	formation							
a. Full Name							. V. ve.	c. ID Number
COMMITTEE	TO KEEP SUS	AN HICKS C	LERK		Control Stores			MOO-A4W235-C-001
b. Mailing Addre	ess (include City	, State and Zip	Code)		1 : 759	रिष्टि,किंदिलाख्या च्या स्थलीकरणण		d. Date Filed
C/O CAROL W	VHEELDON, T	REASURER			JU:	09 2014		07/08/2014
PINEHURST,		6		, en	ACM	OREBO) L.	e. Phone Number
		- 		· š	18,218 		Research	
2. Report Year	3. Period Start	Date (mm/dd/y	/ y)	4. Period I	nd Da	e (mm/dd/yy)	5. Treasur	er Full Name
2014	2014 04/20/2014				6/30/2	014	CAROL V	VHEELDON
6. Type of Com	mittee (Check O	ne)	9. Typ	e of Report	(ch	eck only one	type of rep	ort from one category)
X Candidate Car	npaign 🔲 Part		Munic			State/County		Referendum
Joint Fundrais	-			Organizatio	nal	Organizatio	onal	☐ Organizational
☐ Referendum		al Expense Fund	1	Thirty-five	-	Quarterly		Pre-referendum
7. Type of Fund		e, check one)		Pre-primary		First		Final
Booster Fun				Pre-election	ı	Second	l	Supplemental Final
☐ Building Fund				Pre-runoff		Third		Annual Grand
<u> — </u>	Election Year Cano			Semi-annual		Fourth		Special
NC Public Ca	mpaign Financing	rund	烂	Mid Ye		Semi-annu		10 9 1-170
			H	Year Er	ıa .	Mid Year F		10. Special Report Name
Other:		Description	뭄	Final Special		Final	,11 U	
8. Number of F	undraisers this	керогt	┦┸	Special				
	0					☐ Special		
3. Account Info						ount Informa		
a. Financial Ins	titution Full Na	me			a. Fina	ncial Instituti	on Full Nar	n'e
WACHOVIA	BANK							
b. Purpose		c. Account Co	de		b. Pur	pose		c. Account Code
CAMPAIGN (CHECKING		1					
		d. Period Begi	n Bala	nce				d. Period Begin Balance
		\$		6,483.01				S .
CERTIFICATI	ON	 						
I certify that Chapter 163 funds. I furt	the Committee of the NC General Control of t	ral Statutes an this report is c	d that r	no funds are e, true and c	common correct	ingled with pr	ohibited or e been train	22A, 22B & 22D-22M of other non-disclosed ned by the NC State Board 07/08/2014 Date
FOR OFFICE	USEONLY		1			~~~^		
Date Rece	ived:	7-9-1	1	Emplo	yee:	Ormo		elivery Method Normal Mail
Date Posts	marked:	······································		Emple	yee:		— <u>[</u>	Registered Mail Hand Delivered
Date Scan	ned:			Emplo	oyee:			Electronically Filed
Date Data	Entered: _			Empl	oyee:			Signer has not received mandatory training
Please N		ant treasurer, c	ustodi	an of books	inform	ation, or acco	unt informa	

Detailed Summary

Amendment
☐ Yes 🔯 No

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 2. Type of Report 1. Committee Full Name (and Fund if applicable) COMMITTEE TO KEEP SUSAN HICKS CLERK 2014 Second Quarter MOO-A4W235-C-001 Total this Total this 2011 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 1,080.14 4) Cash on Hand at Start 6,483.01 RECEIPTS (CRO-1205) \$ \$ 80.00 3,932,58 5) Aggregated Contributions from Individuals (CRO-1210) \$ 1,320.00 19,038.72 6) Contributions from Individuals (CRO-1220) \$ \$ 0.00 0.00 7) Contributions from Political Party Committees \$ (CRO-1230) \$ 0.00 8) Contributions from Other Political Committees 0.00 (CRO-1410) \$ 0.00 8,000.00 9) Loan Proceeds \$ (CRO-1240) (0) Refunds/Reimburs ements to the Committee 0.00 0.00 11) Other Receipt Sources (CRO-1250) \$ \$ 0.00 11a) Interest on Bank Accounts 0.00 \$ (CRO-1250) 0.00 11b) Contributions from Not-For-Profit Organizations 0.00 (CRO-1250) \$ 0.00 \$ 0.00 11c) Outside Sources of Income (CRO-1270) \$ 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources \$ (CRO-1265) 0.00 0.00 11e) Exempt Purchase Price Sales 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 1,400.00 30,971.30 **EXPENDITURES** 3) Disbursements (CRO-1310) 2,529.83 \$ 13a) Operating Expenditures 22,447.16 (CRO-1310) \$ 13b) Contributions to Candidates/Political Committees 0.00 500.00 \$ (CRO-1310) 13c) Coordinated Party Expenditures 0.00 0.00 \$ (CRO-1315) 0.00 4) Aggregated Non-Media Expenditures 92,45 \$ (CRO-1420) 0,00 0.00 5) Loan Repayments (CRO-1320) \$ 0.00 1,804.35 6) Refunds/Reimburs ements from the Committee \$ (CRO-1510) 70.00 1,924.30 7) In-Kind Contributions 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 2,599.83 26,768.26 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 5,283.18 5,283.18 ADDITIONAL INFORMATION (CRO-1330) 0.00 20) Non-Monetary Gifts Given to Other Committees 9,000.00 (CRO-1430) \$ 21) Outstanding Loans (incl. ones from other campaigns) 0.00 (CRO-1610) 22) Debts and Obligations owed by the Committee 0.00 (CRO-1620) 23) Debts and Obligations owed to the Committee 0,00 (CRO-1720) 24) Account Transfers Within the Committee (CRO-1710) 0.00 \$ 0.00 25) Administrative Support (CRO-1440) 0.00 \$ 0.00 26) Forgiven Loans (CRO-2220) 0.00 \$ 0.00 27) 48-Hour Notice Reports Sum (CRO-1215) 28) Contributions to be Refunded 0.00 \$ 0.00

\$

Amendment **Aggregated Contributions from Individuals** 1 of Page ☐ Yes X No Optional form used to report NC Contributions From Individuals of \$50 or less 2. ID Number 1. Committee Full Name (and Fund if applicable) MOO-A4W235-C-001 COMMITTEE TO KEEP SUSAN HICKS CLERK 3. Contributor Information e. Date (mm/dd/yyyy) f. Amount b. Account Code | c. Form of Payment | d. In-Kind Description a. Amend Add
Remove
Add Check 04/25/2014 \$ 50.00 1 Check \$ 05/01/2014 30.00 Remove 4. Total only this Page \$ \$80.00 5. Total of ALL CRO-1205 Pages

CRO-1205

(This line must be on line 5 of Detailed Summary Page CRO-1100)

NC State Board of Elections

\$80.00 April 2007

AUDUL DUNNI MARIN GREE Amendment

					Amenume	MI	
	٠.				Yes Yes		No
Use this form to report individual contributions over \$50 or contribution	ns und	er \$50	if for	m CRO 120	5 is not use	d	

L. Comn	nittee Full Name (and Fund if applicable	e)			2. ID	Number	
		SUSAN HICKS CL				МО	O-A4W23	5-C-001
3. Contr	ibutor Informatio	n		Add 🗌 Re	move			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Pr	ofession	d. Co	mments	
	de city, state, & zi	p)		MAYOR				
	Y FIORELLO			c. Employer's	Name/Specific Field			
	ERETT RD URST, NC 2837	4	}		F PINEHURST			
1 11/17/17	01.01, 110 2057	,		, 122, 102 0		e. Ele	ection Sum	to Date
						\$		70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc				. Amount	
	1	In-Kind	HOST MEET &	& GREET AT	05/01/2014		\$	70.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 Re	emove			
a. Full N	lame, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. C	omments	
	ide city, state, & z	ip)		ATTORNEY	7			
	/ JENKINS			c. Employer's	Name/Specific Field	1		
	SLIN CT IURST, NC 283'	74		THIGPEN &				
FINE	10K51, NC 265	<i>1</i> T		THOLL	O DANI TARALI TIJ	e. E	ection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amount	
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							\$	
							\$	
	tributor Informat				emove			
	Name, Mailing Ad			b. Job Title/I		d. C	Comments	
	ude city, state, &		· · · · · · · · · · · · · · · · · · ·	ATTORNE	Y			
	TER I JENKINS OX 1208	111		c. Employer	s Name/Specific Field			
1	OE, NC 27209			THIGPEN	& JENKINS			
	 ,					e. I	Election Sun	n to Date
						\$		100.00
f. Prio	r g. Account Code	e h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyy	y)	k. Amount	
	1	Check			04/23/2014		\$	100.00
							\$	
							\$	
4. To	tal only this P	Page				\$		270.00
5. To	otal of ALL C	RO-1210 Pages ne 6 of Detailed Summar	y Page CRO-1100))		\$		1,320.00

C_{0}	ntrib	utions	from	In	divi	dual	Q
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				Am	e n dn	ıen	ŧ	
Pg	2	of	3		Yes		X	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name (and Fund if applicable).			2. ID	Number	
COMM	ITTEE TO KEEF	SUSAN HICKS CLE			МО	O-A4W2	35-C-001	
3. Contr	ibutor Informatio	n		Add \square Re	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. Co	mments	
	le city, state, & zi RD F PAGE JR	p)		CPA				
	Y ABBEY DR			c. Employer's	Name/Specific Field	1		::
	URST, NC 2837	4		W FRANKII	E PAGE,CPA	<u> </u>		
	- ,				,	e. Ele	ection Sur	n to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	ŀ	. Amount	
	1	Check	: 		04/25/2014		\$	200.00
							\$	
							\$	
	ibutor Informati			Add 🔲 Re		1		
	ame, Mailing Add			b. Job Title/P		d. C	omments	
	de city, state, & z	······································		ATTORNEY	7			
	K MARSH SMIT	Н		c. Employer's	Name/Specific Field	-		
PO BO	X 1075 ÆRN PINES, N	C 28388		SELF EMPI		1		
30011	HARINT HVES, IV			SELI LIVII I	20122	e. El	ection Su	m to Date
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e Dulan	- Assumt Code	h. Form of Payment	i. In-Kind De	arintian	j. Date (mm/dd/yyyy		k. Amoun	
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	Name, Mailing Ad			b. Job Title/F		a. c	Comments	
	ide city, state, & 2	пр)		ATTORNE	Y			
	NB SUTTON DORADO ST			c. Employer'	s Name/Specific Field			
	IURST, NC 283	74			RE LAW FIRM			
	1011.01,110 200	•				e. I	lection St	ım to Date
						\$		250.00
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							\$	
				ogygyjapide skiej namopaniya napa ar sarti		· · · · · · · · · · · · · · · · · · ·	\$	
4. To	tal only this P	age				\$		550.00
		RO-1210 Pages e 6 of Detailed Summary	Page CRO-110	0)		\$		1,320.00

Mill Camendment		
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1,320.00

April 2007

Contributions from Individuals

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

Use this	form to report in	dividual contributions	over \$50 or co	ntributions u	inder \$50 if form CRO 1	205	is not use	ed
1. Com	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number	r
COMM	IITTEE TO KEE	P SUSAN HICKS CL	ERK			M	OO-A4W	235-C-001
3. Cont	ributor Informati	on		Add 🔲 R	lemove			
a. Full N	Name, Mailing Add	lress & Phone		b. Job Title/I	Profession	d. C	Comments	
(inclu	ide city, state, & z	ip)		ATTORNE	Y			
3	K C THIGPEN AW RD SW			c. Employer'	s Name/Specific Field			
PINEF	TURST, NC 2837	74		THIGPEN ROBBINS,	& JENKINS, NC	e. I	Jection S1	um to Date
						\$		1,750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amoui	nt
	1	Check	. :		05/01/2014	-	\$	500.00
					."		\$	
							\$	
4. To	tal only this Pa	ige				·\$-		.5.00.00
5. To	tal of ALL CR	O-1210 Pages				\$		1 320 00

NC State Board of Elections

AMENDMENT

Disbursements

Pg	1	of	2	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fu	ll Name (and Fund i	f applicable)					2	. ID Nun	
	TO KEEP SUSAN I							MOO-	A4W235-C-001
3. Type of Disbur	rsement <i>(Please i</i>	ise separate CRO	-1310	forms for each	type	of Disburs	emen	<u>t.)</u>	
X Operating Exp		ibutions to Candidat	es/Politi	cal Committees		Coor	dinated	l Party Ex	penditures
4. Payee Informa	ntion			Add 🔲	Rem	ove		-	
	iling Address & Pho	one		b. Coordinated	Cor	nmittee Nai	ne (l. Comme	ents
(include city, stat	-								
FILLIES & COI									
10 KNOLL RD				c. Level Regist	ered				
	NES, NC 28387			☐ Federal		County:			
	,			☐ State		Municipa	lity:	e. Election	n Sum to Date
								\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Reg	uired Re	marks
1	Check	0	·	5/28/2014	\$		MEE	T & GRE	EET DANCE
*	CHOOK		 	J, 20, 2017		1		OR REN	
					\$		`		
4. Payee Inform	ation			Add 🔲	Ren	nove			:
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	me	d. Comm	ents
(include city, sta	-				·				
DAVID KELLI				1					
	AND, C/O STEPHA	N LAPPING		c. Level Regis	terec				
245 ADAMS C				☐ Federal		County:			
PINEHURST, 1				☐ State		☐ Municip	ality:	e. Electio	n Sum to Date
								\$	800.00
6 Assert Code	g. Form of Payment	h. Purpose Code	i Dot	(mm/dd/yyyy)	i A	mount	k. Re	quired Re	
····	l				\$	800.00		T & GR	
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					\$		12111	Litti	TVIEST (I
4. Payee Inform	nation			Add 🔲	Rei	nove			
a. Full Name, M	ailing Address & Pl	none		b. Coordinate	d Co	mmittee Na	ame	d. Comn	ients
(include city, sta	ate, & zip)								
MOORE COP	ES & COMPUTER	S							
525 SE BROA				c. Level Regis	stere				
SOUTHERN P	INES, NC 28387			Federal		County			
- \$				State		Municip	oality:	e. Electi	on Sum to Date
								\$	7,396.87
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Dat	te (mm/dd/yyyy) j. A	Amount	k. Re	quired R	lem arks
1	Check	В		05/02/2014	\$	496.63	500	O POSTO	CARDS
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5. Total only th							<u> </u>	Ψ	1,790.03
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	s in line 13a of Detaile s in line 13b of Detaile						Camu	\$	2,529.83
(This line goes	s in line 13b of Detaile. s in line 13c of Detaile.	i oummary Page CR I Summary Pago CP	.O-1100 O-1100	y Contro to Car if Coordinated P	uuaa arto	ces r vaicat (Expenditures	.vmm,)	,	
					arey 1	ponamico,	<u>,</u>		
7. Purpose C A* - Media	Codes (List details B* - Print			Fundraising		D - T/	Ano	ther Can	didate
E - Salaries	D" - Print F* - Equip	_		Political Party					Office Expenses
I - Salanes	J - Penal			Office Expens	es				gal Expense Fund
O* Other	o - 1 chai	U1/U	17 -	Office Experis		ν.	~******		5 —ponse ruilu
	ire detailed explana	tion in required r	emarks	s field(k)					
20000 1040									

Amendment

Disbursements

Pg	2	of	2_	Yes Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Ful	ll Name (and Fund if	applicable)						. ID Nun	nber
	O KEEP SUSAN H							M00-	A4W235-C-001
3. Type of Disbur	sement (Please u	se separate CRO	-1310	forms for each	type	of Disbur	semen	t.)	
X Operating Expe		butions to Candidat	es/Politi	cal Committees		Coor	dinate	l Party Ex	penditures
4. Payee Informa	tion			Add 🔲	Remo	ve			
	iling Address & Pho	ne		b. Coordinated	Com	mittee Na	me	l. Comme	nts
(include city, stat	e, & zip)								<u> </u>
SEVEN LAKES	TIMES								
PO BOX 468				c. Level Regist	ered (
WEST END, NO	27378			Federal State	느	County: Municipa	, _{litzr} .	a Flactic	n Sum to Date
				State		1 Municipa	atity.	e. Executo	n Sum to Date
								\$	142.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Red	uired Re	marks
1	Check	Α ΄	 		\$		3X5 .	AD RUN	5/16/14
					\$				
4. Payee Informa	ation			Add \square	Remo	we			
	iling Address & Pho	nne	<u></u>	b. Coordinate			me	d. Comm	ents
(include city, star	•	ж		- Coolainate					
THE PILOT	, - 2xp)			1					
	YLVANIA AVENU	E		c. Level Regis	tered (
	NES, NC 28387	_		Federal	I	County:			
	•			☐ State		Municip	ality:	e. Electio	n Sum to Date
1								\$	513.45
f Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	j. Am	ount	k. Re	quired Re	
1	Check	A	 	4/23/2014	\$	354.45		·	N PAPER 4/27
	0.000		 		\$		& 4/		
4 D T 0				A 1.1					
4. Payee Inform	ation ailing Address & Ph		<u> </u>	Add	Rem		ama	d. Comm	nents
1	_	one		b. Cooldinate	u Con	umittee iv	ame	u. Comin	ichts
(include city, sta	ite, & zip)			1					
THE PILOT	YLVANIA AVENU	TE:		c. Level Regis	tered	(Specify)			
	INES, NC 28387	11.2		☐ Federal		County	:		
	, x10 20001			☐ State	[Municip	ality:	e. Electi	on Sum to Date
								\$	236.25
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1. Account Code	Check	A A		05/09/2014	\$ \$	236.25		AD RU	
1	Check	A	 '	13/07/2014		230,23	13/13	ישו או	
					\$				
5. Total only th	is Page							\$	733.20
6. Total of ALL	CRO-1310 Pages			-					
	in line 13a of Detailed							\$	2,529.83
	in line 13b of Detailed							•	2,329.03
(This line goes	in line 13c of Detailed	Summary Page CR	0-1100	if Coordinated P	arty Ex	cpenditures)		
7. Purpose C	odes (List detailed								
A* - Media	B* - Printi	-		Fundraising				ther Can	
E - Salaries	F* - Equip			Political Party					Office Expenses
I - Postage	J - Penalti	ies	К* -	Office Expens	es	Q* -]	Donat	on to Le	gal Expense Fund
O* Other	no datailad avalamati	ion in rominad	manba	field (le)					
" Codes requi	re detailed explanati	on mrequireare	cilial MS	ncia (v)					

MOSSE	CULLIY	CAPT
Ame	endment	

In-Kind Contributions

In-Kind Contributions	Pg	1 of	1	☐ Yes	No No	
Use this form to report non-monetary contributions, donation	ns, goods or servi	ices provided	to the com	mittee or f	iund.	
Use CRO-1215 if In-Kind Contributions were or will be r						
1. Committee Full Name (and Fund if applicable)			2, ID N	lumber		
COMMITTEE TO KEEP SUSAN HICKS CLERK			MOO-A4W235-C-001			
3. Contributor Information	Add 🔲 Ren	nove				
a. Full Name, Mailing Address & Phone	b. Type of Cont	ontributor c.		c. Comments		
(include city, state, & zip)	X Individual					
NANCY FIORELLO 185 EVERETT RD PINEHURST, NC 28374	Candidate Party PAC Referendum					
.,			d. Elec	d. Election Sum to Date		
	Other Recei	pt Source	\$	\$		
e. Description	f. Date (mm/dd/yyyy) g. Fa			larket Amount		
HOST MEET & GREET AT HOME	05/01/2014		\$	70.00		
				\$		
				\$		
4. Total only this Page			\$		70.00	

CRO-1510

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100) NC State Board of Elections

December 2007

70.00

\$

MOORE CAMERAMENT (
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Outstanding Loans

Pg	1	of	1	Yes	\mathbf{X} No	
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Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full N	lame (and Fund if applicable)]	2. ID Number		
	KEEP SUSAN HICKS CLE							MOO-A4	W235-C-001	
3. Lender Informati	on		Add		Rem					
	Full Name, Mailing Address & Phone b. Job Title/Profession		d. Comments							
	(include city, state, & zip) CLERK OF SUPERIOR COU		COURT							
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326						ļ	e. Start Da	ate (mm/dd/yyyy)		
			c. En	ıploy	er's N	me/Specifi			05/14/2009	
7 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20020		MOORE COUNTY NC							
	·					f. End Date (mm/dd/yyyy)				
g. Rate h. Secur	ity Pledged		i	i. Ori	iginal	Loan Amou	nt	j. Remaining Loan Balance		
%				\$		1	,000.00	\$	1,000.00	
k. Full Name of Len	ding Institution	, <u>-</u> -						l. Loan N	umber	
						<u> </u>				
3. Lender Informat	ion		Add	iΓ	Rem	love		<u> </u>		
a. Full Name, Maili						fession		d. Comm	ents	
(include city, stat	•		CL	ERK	OF S	UPERIOR	COURT			
SUSAN ALLEN I								a Start Data (mar/11)		
433 JAMES H RC			c. F	mplo	yer's N	ame/Specif	fic Field	e. Start Date (mm/dd/yyyy)		
CAMERON, NC 28326			MOORE COUNTY, NC				08/06/2013			
			WOORE COOKIT, INC			f. End Da	te (mm/dd/yyyy)			
g. Rate h. Secu	rity Pledged		J	i. Oı	riginal	Loan Amo	unt	j. Remai	ning Loan Balance	
%				\$			2,000.00	\$	2,000.00	
k. Full Name of Le	nding Institution			L				I. Loan N	Number	
3. Lender Informa	tion		Ad	d [Re	nove				
a. Full Name, Mail	ing Address & Phone	-	b. Job Title/Profession			d. Comn	nents			
(include city, state, & zip) SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326		CLERK OF SUPERIOR COURT								
						e. Start Date (mm/dd/yyyy)				
		c. Employer's Name/Specific Field			03/06/2014					
			MOORE COUNTY, NC			C	f. End Date (mm/dd/yyyy)			
								1. End D	ate (mm/dd/yyyy)	
g. Rate h. Seci	ırity Pledged			i. 0	rigina	l Loan Am	ount	j. Rema	ining Loan Balance	
%				\$			6,000.00	\$	6,000.00	
k. Full Name of La	k. Full Name of Lending Institution			l. Loan	Number					
4. Total only t	his Page						·····	\$	9,000.00	
5. Total of ALL CRO-1430 Pages				\$	9,000.00					
(This line must be on line 21 of Detailed Summary Page CRO-1100)										